

<p align="center">Continuing Project Application Improving Teacher Quality Higher Education Grant Program Project Year: 2007-08 S.C. Commission on Higher Education</p>	
Project Title:	
Circle Project Year: Y1 Y2 Y3 Y4	
Institution:	
Project Director: Mailing Address: Phone: E-mail: Fax:	Partnership Members: LEA: Higher Education:
Proposed Funding:	Signature:
1. ITQ (CHE):	Date:
2. Institution:	
3: LEA:	
4: Other	

Please return the original and five (5) copies of this report by November 15, 2006 to:

Dr. Paula Gregg
S.C. Commission on Higher Education
1333 Main Street, Suite 200
Columbia, S.C. 29201

Application for continuation of a multi-year ITQ project must discuss the following:

A. Project Activities

1. Describe the purpose and goals/objectives of the project.
2. Identify all of the partners (LEA and higher education) and describe their contributions to the project (programmatic and fiscal).
3. Describe the major activities that have occurred during the reporting period and demonstrate how these activities have met the purpose and goals/objectives of the project.
4. Describe all evaluation activities used to date and their results. If no evaluation has occurred to date, please describe the evaluation plan and include a timeline of such activities for the current grant period.
5. Describe any problems (administrative or programmatic) which have been encountered and how they were resolved.
6. Identify the number of participants this period. Please provide this information by grade/school level, race, sex and whether public or private school.
7. Describe activities to be completed during the remainder of the current project period.
8. Describe how the project is and will impact classroom teaching and learning.
9. Describe activities to occur during the next project period and how they will meet the purposes and goals/objectives of the project (i.e., next grant period proposed activities). Do these differ from the original proposed activities and if so, explain and justify why.
10. Describe and justify any budgetary changes for the next grant period. Please submit a new budget using the accompanying form along with a budget justification and description of the disbursements for the partners.

B. Proposed Budget

Complete the Proposed Budget form and **include a detailed Budget Justification**. Eligible expenses are limited to those necessary to complete the proposed project as listed in the Guidelines to Proposals (<http://www.che.sc.gov/AcademicAffairs/ImpTeachQualHm.htm>.) Financial matching from partners (LEA, non-public schools, other private organizations, and the sponsoring institution of higher education or non-profit organization) is **strongly** recommended.

Please complete the attached budget form, fund assurance form and project timeline and include with your application.

**Proposed Budget
Improving Teacher Quality Higher Education Grant Program
Project Year 2007-08**

INSTITUTION:	Title II Funds	Other Funds	Agency Use
PROJECT DIRECTOR:			
1. Key Personnel(Faculty/Administration)			
A. Salaries			
1.			
2.			
3.			
4.			
B. Fringe Benefits			
2. Support Personnel			
A. Salaries			
1.			
2.			
3.			
4.			
B. Fringe Benefits			
Total Personnel Costs			
3. Participant Costs			
a. Books			
b. Materials			
c. Travel			
d. Room and Board			
e. Other			
Total Participant Costs			
4. Supplies			
a.			
b.			
c.			
5. Equipment			

**Proposed Budget
Improving Teacher Quality Higher Education Grant Program
Project Year 2007-08**

INSTITUTION:	Title II Funds	Other Funds	Agency Use
a.			
b.			
6. Additional Costs			
7. Other Travel (State Employees)			
Total Direct Costs			
Indirect Costs (8%)			
TOTAL PROJECT COSTS			

Project Director(s)	Typed Name & Title	Signature	Date
Institutional Authority	Typed Name & Title	Signature	Date

<p>Proposed Project Timeline Improving Teacher Quality Higher Education Grant Program Project Year 2007-08</p>

Institution			
Project Title			
Objective	Activity	Start Date	End Date

STATEMENT OF ASSURANCES

Improving Teacher Quality Higher Education Grant Program Project Year 2007-08

NAME OF INSTITUTION OR ORGANIZATION

hereby provides assurance to the South Carolina Commission on Higher Education that if this institution receives a grant under the terms of the Dwight D. Eisenhower Professional Development Program that it will comply with the regulations, policies, guidelines, and requirements as they relate to the application, acceptance, and use of funds for this federally funded project. Also, the applicant institution assures and certifies that it:

1. Possess legal authority to apply for the grant.
2. Will keep such records and provide such information as may be necessary for fiscal and program auditing and for program evaluation and will provide the South Carolina Commission on Higher Education or its designee any information it may need to carry out its responsibilities under the Eisenhower Program.
3. Complies with all provisions of the Eisenhower Program and its implementing regulations and all administrative rules of the S.C. Commission on Higher Education applicable to the Eisenhower Program.
4. Enters into formalized agreement(s) with the local education agency (LEA) of consortium of LEAs in the area of proposed service.
5. Takes into account the need for greater access to and participation in mathematics and science by students and teachers from historically underserved and under-represented groups including females, minorities, individuals with limited English proficiency, the economically disadvantaged, and persons with disabilities.
6. Takes into account the needs of teachers and students in areas of high concentrations of low-income students and/or sparsely populated areas.
7. Will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) prohibiting employment discrimination where discriminatory practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.

Name Chief Executive Officer

Signature

Date